

MONTANA DEPARTMENT OF LIVESTOCK APPLICATION FOR MONTANA LIVESTOCK DEALER LICENSE

BRANDS ENFORCEMENT DIVISION
P.O. BOX 202001
HELENA, MT 59620

Applicant: Please print or type

1. Name of Entity to be Licensed (individual or firm)			
2. Mailing Address		3. Street Address (if different from mailing address)	
4. City	5. State	6. Zip	7. Telephone Number (include area code)
8. Species of Livestock Handled <input type="checkbox"/> Cattle <input type="checkbox"/> Horses and Mules <input type="checkbox"/> Sheep and Goats <input type="checkbox"/> Swine		9. Email Address (if applicable)	
10. Type of Organization (mark the appropriate box) <input type="checkbox"/> Individual <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Association <input type="checkbox"/> Other (specify):			
11. If Entity is a Corporation or Association, Designate State of Incorporation:		11 a. Date Incorporated	
12. Owners, Partners or Offices (Name and Title)	Social Security Number		Mailing Address
13. Principal Place of Business Activity – Stockyards, Auction Markets, Others			
14. If Licensed Previously, Name that the License was Issued Under			
15. Livestock Dealer's Accounting Period <input type="checkbox"/> Calendar Year <input type="checkbox"/> Fiscal Year: _____ to _____		16. Bank Where Business Accounts are Held: _____ Bank Officer: _____ City: _____ State: _____ Zip: _____	
I understand that as a livestock dealer, I shall maintain records that disclose all purchases and sales of livestock. I understand that as a livestock dealer, I shall, at all reasonable times, give the department access to and let the department copy any of the records relating to my business, as provided by Sec. 81-8-278(MCA).			
The statements herein are made in full knowledge of the provisions of Sec. 45-7-203(MCA) which make it a criminal offense to make a willfully false statement or misrepresentation, to any Department or Agency of the State of Montana, as to any matter within its jurisdiction.			
Signature of Owner, Partner, or Responsible Officer		Title	Date

Subscribed and Sworn to before me this _____ day of _____ 20_____

Notary Public for the State of _____

Residing at _____

My Commission expires _____